Date received	
Processed by	
Date Processed	



NATIONAL HERITAGE COUNCIL OF NAMIBIA

Cnr Dr AB May and Reverend Michael Scott Street, Windhoek Private Bag 12043, Ausspannplatz, Windhoek Tel: (061) 301 903 • Fax: (061) 246 872 • Email: info@nhc-nam.org

DEPARTMENT OF HERITAGE MANAGEMENT: ARCHAEOLOGY UNIT

LEISURE AND RECREATIONAL ACTIVITIES PERMIT APPLICATION

In terms of Section 48(1) of the National Heritage Act (Act 27 of 2004)

CONDITIONS & INSTRUCTIONS

- 1. This application is subject to a non-refundable permit application fee
- 2. Hiking fees are chargeable
- 3. This permit may not be used for professional filming and research purposes;
- 4. Allow for processing time of at least 14 days;
- 5. All supporting documents must accompany this application;

		-
SELECT ONE OF THE FOLLOWING: NEW APPLICATION RENEWAL OF PREVIOUSLY ISSUED PERI CHANGE / MODIFICATION TO PREVIOUSLY (NOTE: EXPIRED PERMITS CANNOT BE RENEW	ISSUED PERMIT	FOR PERMIT RENEWALS OR MODIFICATIONS ONLY, ENTER THE PREVIOUSLY ISSUED PERMIT NUMBER PLEASE SPECIFY THE NATURE OF LEISURE & RECREATION IN THE HERITAGE SITE:
IAME	SECTION 2	A: APPLICANT DETAILS
OSTAL ADDRESS		
OUNTRY OF ORIGIN		
HYSICAL ADDRESS		
ONTACT NUMBER		
MAIL		
···		
AX NUMBER		
	-	

SECTION B: THE SITE AND LEISURE ACTIVITIES

GEOGRAPHIC AREA OF THE SITE

Region					
Site name					
Gorge / Ravine (Brandbe	rg only)				
Nearest town					
CCESS TO THE SIT	EBY: (please tick)				
HIKING	VEHICLE		OTHEDS		
	VEINOLE	/EHICLE OTHERS			
I.B The use of helicop	tor to all the Heritage				
	iter to all the heritage 3	ites in Namibi	a for Leisure and Recreations	Activities is strictly prohibited.	
PLEASE PROVIDE			a for Leisure and Recreations th copies of ID or passport to this ap		
	NAMES OF TEAM ME	MBERS (attac	th copies of ID or passport to this ap	oplication)	
PLEASE PROVIDE	NAMES OF TEAM ME				
	NAMES OF TEAM ME	MBERS (attac	th copies of ID or passport to this ap	oplication)	
	NAMES OF TEAM ME	MBERS (attac	th copies of ID or passport to this ap	oplication)	
	NAMES OF TEAM ME	MBERS (attac	th copies of ID or passport to this ap	oplication)	
	NAMES OF TEAM ME	MBERS (attac	th copies of ID or passport to this ap	oplication)	
	NAMES OF TEAM ME	MBERS (attac	th copies of ID or passport to this ap	oplication)	
	NAMES OF TEAM ME	MBERS (attac	th copies of ID or passport to this ap	oplication)	
	NAMES OF TEAM ME	MBERS (attac	th copies of ID or passport to this ap	oplication)	
	NAMES OF TEAM ME	MBERS (attac	th copies of ID or passport to this ap	oplication)	
	NAMES OF TEAM ME	MBERS (attac	th copies of ID or passport to this ap	oplication)	
	NAMES OF TEAM ME	MBERS (attac	th copies of ID or passport to this ap	oplication)	

NAME & SURNAME	SEX	NATIONALITY	ID/PASSPORT NO.	CONTACT NUMBER

PURPOSE OF VISIT

INDICATE THE PROPOSED DATES FOR THE VISIT

TRIP START:	
TRIP ENDS:	
	ing only the space below. If available, please attach a map of the areas provide a clear statement of the aims and objectives of the trip. If the compromised; please explain how and why.
DEC	LARATION
I agree to comply with the provisions and strictly observed may issue the permit.	ve the terms and conditions under which the National Heritage Council
APPLICANT SIGNATURE	DATE

CANCELLATION PROVISION:

The National Heritage Council require at least 5 days' cancellation notice AFTER a hiking permit is granted otherwise, the following cancellation fees will be charged:

- 1. 30% of your total amount will be retained if your cancellation is 1-5 days **AFTER** being granted a permit.
- 2. 50% of your total amount will be retained if your cancellation is AFTER 5 days of being granted a permit.
- 3. 100% of your total amount will be retained if you **DO NOT** notify us about your cancellation or any changes prior to your scheduled departure day or no show AFTER being granted a permit.
- 4. 100% of your hiking fees shall be refunded incase tour could not take place due to NHC inability to provide the service.